1292885

FORM D





FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY
Prefix Serial

DATE RECEIVED

Filing Under (Cheek box(es) that apply):	[] Rule 504	Rule 505	[X] Rule 506	Section 4	(6) ULOE
Type of Filing: New Filing	[X] Amendment				
:		TIFICATION DATA			
1. Enter the information requested about th					
Name of Issuer check if this is an amend	ment and name has change	ed, and indicate change.)			•
	itary Trail North.Palr	n Beach Gardens, F	lorida 44410	(504) 72	2 - 7402
Address of Executive Offices	(Number and Stre	er, City, State, Zip Code	Telephone Nur	mber (Including Are	a Code)
· · · · · · · · · · · · · · · · · · ·					
					
Address of Principal Business Operations	(Number and Stre	ct, City, State, Zip Code)	Telephone Nur	mber (Including Are	a Code)
	(Number and Stre	ct, City, State, 2ip Code)	Telephone Nur	mber (Including Are	a Code)
Address of Principal Business Operations (if different from Executive Offices)	(Number and Stre	et, City, State, Zip Code)	Telephone Nur	mber (Including Are	·
			Telephone Nur	nber (Including Are	PROCES
(if different from Executive Offices)	(Number and Stre		Telephone Nur	nber (Including Are	PROCES
(if different from Executive Offices)			Telephone Nur	nber (Including Are	PROCES
(if different from Executive Offices) Brief Description of Business Type of Business Organization	Aerospace Ap				PROCES
(if different from Executive Offices) Brief Description of Business	Aerospace Ap	plications	ormed		PROCES SEP 2 8 ase specify): THOMS
(if different from Executive Offices) Brief Description of Business Type of Business Organization [X] corporation	Aerospace Ap	plications ed partnership, already fo	ormed		PROCES SEP 2 8 ase specify): THOMS: FINANCE
(if different from Executive Offices) Brief Description of Business Type of Business Organization [X] corporation	Aerospace Ap	plications ed partnership, already for ed partnership, to be form Month	ormed ned Year		PROCES
(if different from Executive Offices) Brief Description of Business Type of Business Organization [X] corporation business trust	Aerospace Ap	plications ed partnership, already fo ed partnership, to be for	ormed ned	other (ple	PROCES SEP 2 8 ase specify): THOMS FINANCE
(if different from Executive Offices) Brief Description of Business Type of Business Organization [X] corporation business trust	Aerospace Ap limit limit or Organization;	plications ed partnership, already for ed partnership, to be form Month	ormed ned Year [0] [3]	other (ple	PROCES SEP 2 8 ASTROPORT

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amondments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate fe notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

FAX NO. : 3054418000

		A. BASIC IDE	NTIFICATION DATA		
2. Enter the information requ		owing:			
Each promoter of the Each beneficial own	e issuer, if the iss	uer has been organized wi	thin the past five years:	6 100/	
securities of the issu	er:	ver to vote or dispose, or c	lirect the vote or dispositio	n or, 10% or more	or a class of equity
 Each executive office 	er and director of	f corporate issuers and of o	corporate general and mana	aging partners of p	artnership issucrs; and
 Fach general manag 	ing partner of par	tnership issuers.			
Check Box(es) that Apply:	[X] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	General and/or
· · · · · · · · · · · · · · · · · · ·					Managing Partner
Full Name (Last name first, it	findividual)				
Robinson, William C.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Coo	le)		
7711 Military Trail North		Palm Beach Gardens,	Florida		
Check Box(cs) that Apply:	[] Promoter	Beneficial Owner	[X] Executive Officer	[] Director	General and/or
					Managing Partner
Full Name (Last name first, i	l individual)				
Grace, Joseph A. Jr.					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Coo	ie)		
7711 Military Trail North		Palm Beach Gardens,	Florida		
;		·			
Check Box(es) that Apply:	[] Promoter	Beneficial Owner	[] Executive Officer	[] Director	General and/or
<u>:</u>					Managing Partner
Full Name (Last name first, i	f individual)				
:					
Business or Residence Addre	ss (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply	Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	General and/or
17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	<u> </u>				Managing Partner
Full Name (Last name first, i	t individual)				
Business or Residence Addre	an Alumbas and	Street City Store Via Co.	a.v		
Business of Residence Addre	ss (Municer and	Succi, City, State, Zip Col			
:				•	•
	(Use blank	sheet, or copy and use add	litional copies of this sheet	as necessary.)	
•					
		INFORMATION AB	OUT OFFERING		
					Yes N
1. Has the issuer sold, or does		o sell, to no-accredited invest	ors in this offering?		רו דערו

2, 3.	What	is the mini	mum (nvest	mont that w	vill he accep	ited from ar	ny individu	al?	1	**********			\$	10,000.00
4.	Does	the afferin	g permit joi	nt ownersh	ip of a singl	le unit?								Yaş No [] [X
5.	Enter solicit registe	the information of pu ered with the	ation reques	ited for each connection or with a st	n person wh with sales o	o has been of securities s, list the na	or will be p in the affer me of the h	eaid or give ring. If a pe proker or de	a, directly o erson to be l aler. If mor	r indirectly, listed is an a	any comm	ission or sir	nilur remuner ent of a broke are associated	ation for
Full	Name ((Last name	firs, if indi	vidual)										
Busi	incss or	Residence	Address (N	lumber and	Street, City	. State, Zip	Code)		• · · · · ·				· · · · · · · · · · · · · · · · · · ·	
			•				,							
Narr	e of As	sociated B	roker or De	alcr										
			Listed has			Solicit Pur	chas e s							
[, [;	Chook " AL] IL] MT] RI)	'All States" [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	dividual St [AR] [KS] [NH] [TN]	ites [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[PL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	All States
Full	Name	(Last name	firs, if indi	vidual)	*									
	_	•	·	•										
Busi	iness or	Residence	Address (N	lumber and	Street, City	, State, Zip	Code)							
Nam	ne of As	sociated B	roker or Do	aler						<u> </u>				
			i											
			Listed has or check in			Solicit Pur	chases							All States
[. [] []	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [1A] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CI] [ME] [NY] [VT]	(DE) (MD) [NC] [VA)	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
Full	Name ((Last name	firs, if indi	vidual)	<u></u>									
_			<u> </u>											
Busi	iness or	Residence	Address (Ņ	lumber and	Street, City	, State, Zip	Code)							
Nan	ne of As	ssociated B	roker or De	aler										
			Listed has			Solicit Pur	chases							All States
]]	AL] IL] MT] RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NY] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	(CT) [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	
				(use blank s	heet, or cop	y and use a	dditional co	ples of this	sheet, as no	cossary.)			
			!											

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

finter the aggregate offering price of securities included in this offering and the total amount

FAX NO. : 3054418000

already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box—and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

	Type of Scaurity		Aggregate Offering I		Λι	nount Aircady Sold
	Debt		\$		\$	
	Equity		\$ 757,5	02.50	\$	757,502.50
	•	[X] Common Preferred				
	Convertible Securities (including warrants)	S		\$	
	Partnership Interests		\$	<u>.</u>	\$	
	Other (Specify)	\$		S	
		Answer also in Appendix, Column 3, if filing under ULOE.	\$ 757,5	02.50	\$	757,502.50
2.	offering and the aggregate do the number of persons who h	ed and non-accredited investors who have purchased securities in this lar amounts of their purchases. For offerings under Rule 504, indicate ave purchased securities and the aggregate dollar amount of their. Enter "0" if answer is "none" or "zero"				
	·		Number Investors		D	Aggregate Pollar Arnount of Purchases
	Accredited Investors		1		\$	5,940.00
	Non-accredited Investo	rs	0		\$	
	Total (for	filings under Rule 504 only)			s_ _	
	:	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	securities sold by the issuer, t	under Rule 504 or 505, enter the information requested for all and date, in offerings of the types indicated, in the twelve (12) months ties in this offering. Classify securities by type listed in Part C- Question 1.				
	Type of Offering		Type of Security		D	Sold Sold
	Rule 505	N			\$	· · · · · · · · · · · · · · · · · · ·
	Regulation A	·			s	
	Rule 504				\$	
	Total					
4,	securities in this offering. Ex The information may be give	expenses in connection with the issuance and distribution of the solude amounts relating solely to organization expenses of the issuer. In as subject of future contingencies. If the amount of an expenditure nate and check the box to the left of the estimate.				
	Transfer Agent's Fccs	***************************************		*******	\$	
	Printing and Engraving	Costs			s	
	Legal Poos			*****	\$	
	Accounting Fees			*****	\$	
	Engineering Fees				\$	
	Sales Commissions (sp	poity finders' fees separately)			\$	
	Other Expenses (identif	ŷ)	,**********		\$	
	Total				\$	-
	!					

FAX NO. : 3054418000

C. OFFERING PRICE, N	NUMBER OF INVESTORS, EXP	ENSES AND USE OF PROCEEDS	
b. Enter the difference between the aggregate off and total expenses furnished in response to Part C "adjusted gross proceeds to the issuer."	2 - Question 4 a. This difference is the		\$ 757,502,50
•			w 131,302,30
Indicate below the amount of the adjusted gross p for each of the purposes shown. If the amount for and check the box to the left of the estimate. The tot adjusted gross proceeds to the issuer set forth in re	rany purpose is not known, furnish an esti al of the payments listed must equal the		
Salarics and fees		Payments to Officers Directors & Affiliates S	Payments To Others
Purchase of real estate			\$
Purchase, rental or leasing and installation o			s
Construction or leasing of plant buildings an			\$
Acquisition of other businesses (including the may be used in exchange for the assets of se	ne value of securities involved in this offer	ring that	\$
Repayment of indebtedness		\$ 400,000.00	\$ 5,940.00
Working capital		\$ 351,562.50	\$
Other (specify	***************************************	\$	s
Column Totals		\$ 751,562.50	\$
Total Payments Listed (column totals added)		. \$ 757,502.50
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the constitutes an undertaking by the issuer to furnish to the he issuer to any non-accredited investor pursuant to pa	U.S. Securities and Exchange Commission		
Issuer (Print or Type)	Signature	Date	
On Alert Systems, Inc.		September 23, 2004	
Name of Signer (Print or Type)	Title of figuer (Print or Type)		
William C. Robinson	CEÓ		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

FROM : GKS

FAX NO. : 3054418000

_		E. STATE SIGNATU	RE	
1.		0.252(c), (d), (e) or (f) presently subjec	to any of the disqualification	No [X
	· 	See Appendix, Calumn 5, fo	r state response	
2.	The undersigned issuer hereby under (17 CFR 239.500) at such times as re		tor of any state in which this notice is filed, a notice on F	'orm D
3.	The undersigned issuer hereby under offerees.	takes to furnish to the state administrat	ors, upon written request, information furnished by the it	suer to
4.	Offering Exemption (ULOE) of the s		ons that must be satisfied to be entitled to the Uniform L derstands that the issuer claiming the availability of this tisfied.	
To	(Delegan Total)	01	Due	
١	sucr (Print or Type) n Alert Systems, Inc.	Signature	Date September 23, 2004	
N	ame of Signer (Print or Type)	Title of Signer (Print or Typ	c)	
W	illiam C. Robinson	CEO		

Print the name and title of the singing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

FAX NO. : 3054418000 Sep. 24 2004 10:19AM P8

FROM: GKS

APPENDIX

1		2	3 Type of security						5 lification ate ULOE
	to non- investo	d to sell accredited rs in State 0 (tem 1)	and aggregate offering price offered in State (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK		,							
AZ									
AR									
CA									
co									
CT		,							
DE		,							
DC									ļ
FL		×	Equity	1	\$5940				х
GA	ļ		ļ						
ні									
ID		!							
IL							-		
IN									
IA					ļ				<u> </u>
KS		· ·			<u> </u>			ļ	
KY	ļ		Pavit	1	\$351,652				x
LA		x	Equity		\$331,032				ļ^
ME					_		· · · · · ·		1
MD					 				
MA									
MI		<u> </u>						-	 -
MN									

l	Inten to non-	d to sell accredited rs in State 0 Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)		Type of investor and amount purchused in State (Part C - Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
MS	ļ									
мо	-									
MT										
NE										
NV		;								
NH										
NM										
NY		:								
NÇ		1								
ND										
ОН		:							l	
ОК		Х	Equity	1	\$400,000				х	
OR_		;								
PA										
RI		:								
sc									<u> </u>	
SD										
TN										
TX									<u> </u>	
UT										
VT					1					
٧٨										
WA										
wv							<u> </u>			
WI		!							<u></u>	

FROM: GKS FAX NO.: 3054418000 Sep. 24 2004 10:21AM P10

		ļ							
1	1								
1	1	1	1	i i	1	i			
ממ	1 1	:				1		l l	1
FK	1 1	:						l l	1
					i		l l		1 1